## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, typull) X is changed) over the lines	
Committee to	Elect Stephen A. Labate, Inc.	
ADDRESS (number and s	P.O. Box 6177	
(Check if address is changed)	1	NY    11703
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)  klabate1@aol.com	
COMMITTEE'S WEB I  (Check if address is changed)	PAGE ADDRESS (URL)  http://www.labateforcongress.com/	
<ol> <li>DATE M M M O 3</li> <li>FEC IDENTIFICA</li> <li>IS THIS STATEM</li> </ol>		(A)
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, co	rrect and complete
Signature of Treasurer	Electronically Filed by Kathy Labate	_ Date 0.3 Date 0.3 Date Date
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing the	,
Office Use Only	For further inform Federal Election C Toll Free 800-424-1	ommission FEC FORM 1 9530 (Revised 02/2009)